INCIDENT IDENTIFICATION NUMBER

I007893

I007893

ZENECA

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October 14, 1998

Document Processing Desk - 6(a)(2)
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
401 M St., SW
Washington, DC 20460

Dear Sir or Madam:

SUBJECT: 6(a)(2) 30-Day Reporting of "Major" and "Moderate" Single Incidents

In compliance with EPA's current Interpretive Rule on Adverse Effects Reporting - 6(a)(2), Zeneca is submitting all individual incidents of human exposures that had a medical outcome of "major" or "moderate" (as defined by the American Association of Poison Control Centers - AAPCC). These incidents were reported to Zeneca from September 1, 1998 to September 30, 1998.

The form and substance of this report is in keeping with Zeneca's prior aggregate reporting submissions to EPA. You will note that the report includes incidents that have been determined to be related to a Zeneca product as well as incidents that were determined to be unrelated or where the cause and effect relationship is unknown.

If you have any questions please call me at (302)886-5549.

Sincerely,

Dana E. Sargent
Risk Assessment Manager

In making this submission, Zeneca in no way admits or acknowledges that any of these cases has a clear cause and effect relationship that implicates a Zeneca product.

APPENDIX A:

SEPTEMBER MAJOR AND MODERATE HUMAN INCIDENCE DATA

September 1, 1998 – September 30, 1998

How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) *Unknown*	Brief description of incident circumstances. ***MD reports of a case in which a woman suspects her former fiance had intentionally tried to poison her with a rat poison. The claims that last Thursday she ate a spaghetti dinner and cherry pie prepared by her former fiance. While eating she noticed that the food had crunchy objects in it. Later on in the day and the following day the fiance apparently made comments about her leaving him forever and that the meal will be her last meal. Someone (unknown if police) apparently found a number of D-con mouse poison boxes in the fiance's home.*** ***The patient developed GI sx within 12 hours of the meal. She was seen in the ER yesterday and diagnosed with a possible small bowel obstruction. The also noted some rectal bleeding. Her coags revealed a PT of 24.5 sec (INR 2.3). PTT was 34.7, fibrinogen 812, FDP 30. The patient's present diagonosis is paralytic ileus and they are scheduling surgery soon but they are worried about her bleeding. She has received 4 units of FFP and 10 mg vit K IV.*** ***They wish to have the plasma tested for brodifacoum ASAP.***

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 2of 2

Demographic information: Age: *42 yr.* Sex: ***Female*** Occupation (if relevant)	Exposure route: ***Ingestion (Unknown)***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***Unknown***	Was protective clothing worn (specify)? ***Unknown***
If female, pregnant? ***Did not query***	Was exposure occupational? ***Not Occupational*** If yes, days lost due to illness:	Time between exposure and onset of symptoms: *<= 12 hr.*	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***ER/HCF (Done)***	List signs/symptoms/adverse effects ***Abdominal pain, Melena, Nausea, Vomiting, Other Gastrointestinal--bowel obstruction; paralytic ileus; oscites, PT prolonged, Other Heme/Hepatic--INR 2.3***		If lab tests were performed, list test names and results (If available, submit reports) ***Brodifacoum(D) [Plasma brodifacoum from sample collected at 2107 on 8/31 was Negative***
Exposure data: Amount of pesticide: Exposure duration: *<= 8 hr.* Victim weight:			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1020824

5

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information -002

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 1 of 2

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *1021121*
	Address ***Personal privacy information*** *Medesa* *California*		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *Medesa* *Californio*	Date registrant became aware of incidem. *9/4/1998 12:03*	Was incident part of larger study? Y__N_x__U__

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1)	EPA Registration # (Product 2)	EPA Registration # (Product 3
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name *Demon TC*	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? *Unknown*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation *Termiticide*	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? *No* *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface wate., commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). *Own Residence*	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). *Reentry*
	Applicator certified PCO? *Unknown*		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) *Other*	Brief description of incident circumstances. ***Caller works at MD's office, MD asked her to call for info on product. Apparently, patient's house was treated with product 7 days ago. (unk if ony residual odor) When ever patient is in area she c/o HA, sore throat, she can't think straight, loss of appetite and increased defication. What can be done to combat these sx.***	

6

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

Demographic information: Age: *39 yr.* Sex: ***Female*** Occupation (if relevant)	Exposure route: ***Unknown***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? *No*	Was protective clothing worn (specify)? ***Unknown***
If female, pregnant? ***Did not query***	Was exposure occupational? ***Not Occupational*** If yes, days lost due to illness:	Time between exposure and onset of symptoms: ***Unable to determine***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***ER/HCF (Done)***	List signs/symptoms/adverse effects ***Anorexia, Throat Irritation, Headache***		If lab tests were performed, list test names and results (If available, submit reports)
Exposure data: Amount of pesticide: Exposure duration: ***> 24 hr., <= 1 wk.*** Victim weight:			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Patient was eventually diagnosed with an upper respiratory infection and was treated for this.

Internal ID #
1021121

7